

UNITED STATES DISTRICT COURT  
DISTRICT OF DELAWARE

AUG - 8 2008

U.S. DISTRICT COURT  
DISTRICT OF DELAWARE

LARRY WARREN #079644

Plaintiff

V.

CORRECTIONAL MEDICAL SERVICES

Defendant(s)

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

CASE NUMBER:

I, MR. LARRY WARREN declare that I am the (check appropriate box)

- ☐ Petitioner/Plaintiff/Movant ☒ Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "No" go to Question 2)

If "YES" state the place of your incarceration HOWARD R. YOUNG CORRECTIONAL INSTITUTION

Inmate Identification Number (Required): #079644

Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? ☐ Yes ☒ No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

- |   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| a. Business, profession or other self-employment  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| b. Rent payments, interest or dividends           | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| c. Pensions, annuities or life insurance payments | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| d. Disability or workers compensation payments    | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| e. Gifts or inheritances                          | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| f. Any other sources                              | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive. YES.

\* IN THE LAST (6) MONTHS IVE RECEIVED A TOTAL OF A \$165.00 FROM VARIOUS FAMILY MEMBERS. AND THERE IS NO TELLING IF I WILL RECEIVE ANYMORE MONEY, WITH I DOUBT!

AO 240 Reverse (Rev. 10/03)  
DELAWARE (Rev. 4/05)

4. Do you have any cash or checking or savings accounts?

• • Yes

• • ☒ No

If "Yes" state the total amount \$ N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property?

• • Yes

• • ☒ No

If "Yes" describe the property and state its value.

NONE

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

NONE

I declare under penalty of perjury that the above information is true and correct.

7/31/08  
DATE

Mr. Larry Warren  
SIGNATURE OF APPLICANT

**NOTE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

No. #2 - QUESTION "B"

\* MY LAST DAY OF EMPLOYMENT WAS: MAY 14, 2006

\* I BROUGHT HOME AROUND \$406.05 EVERY TWO WEEKS

\* I WAS PAID EVERY 2 WEEKS AT \$7.25 A HOUR

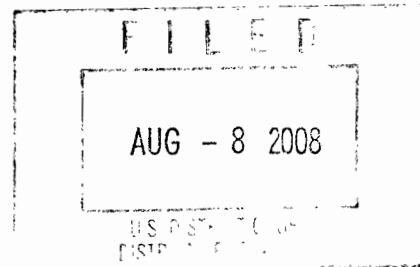
\* AND I WORKED AT THE NEWS JOURNAL CO.,

- 950 W. BASIN ROAD

NEW CASTLE, DE. 19720

STATE OF DELAWARE  
DEPARTMENT OF CORRECTION  
BUREAU OF ADULT CORRECTION  
HOWARD R. YOUNG CORRECTIONAL INSTITUTION  
P.O. BOX 9279  
WILMINGTON DE 19801  
(BUSINESS ADDRESS)

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## Memorandum

**To:** Larry Warren, SBI # 079644, 1C, 8

**From:** Business Office

**Date:** July 15, 2008

**Re:** Response to your letter.

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Mr. Warren,

Here is a copy of your history and balance.

## RESIDENT HISTORY REPORT

Page 1 of 1

HRYCI  
 07/15/08 13:57  
 ST 006 / OPR JNM



SBI : 079644  
 Resident Name : WARREN, LARRY  
 Time Frame : 01/01/2008 15:14 - 07/15/2008 13:57

Date	Time	Type	ST	OPR	Receipt #	Amount	Balance
01/07/2008	09:54	Add	4	SEA	D82179	50.00	50.03
01/15/2008	11:13	Order	2	DDT	B201313	23.50	26.53
01/18/2008	10:03	Credit	11	AFC	K7071	23.50	50.03
01/22/2008	11:24	Order	2	DDT	B202273	32.22	17.81
01/29/2008	11:47	Order	2	DDT	B203139	16.16	1.65
02/06/2008	05:52	Order	2	AFC	B204093	1.56	0.09
02/13/2008	11:44	Add	4	J	D84310	35.00	35.09
02/19/2008	11:14	Order	2	DDT	B205986	23.42	11.67
02/26/2008	07:42	Order	2	AFC	B206960	5.98	5.69
03/11/2008	07:15	Order	2	DDT	B208833	4.72	0.97
03/13/2008	10:47	Order	11	AFC	K7585	0.50	0.47
03/20/2008	11:21	Add	4	J	D86487	30.00	30.47
03/26/2008	09:24	Order	2	DDT	B210817	19.63	10.84
04/01/2008	10:34	Order	2	DDT	B211662	10.44	0.40
06/06/2008	12:05	Add	4	jxs	D90985	50.00	50.40
06/10/2008	12:35	Order	2	DDT	B220900	20.64	29.76
06/16/2008	10:18	Order	2	AFC	B221624	15.51	14.25
07/01/2008	10:12	Order	2	DDT	B223659	12.99	1.26